

## **CERTIFICATION OF ENROLLMENT INFORMATION**

### **INSTRUCTIONS TO MEDICARE+CHOICE ORGANIZATIONS**

Under the Medicare+Choice (M+C) program requirements (42 CFR 422.502(l)), M+C organizations must submit monthly certifications of enrollment information related to payment to the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA). This requirement is also described in the M+C coordinated care plan (CCP) contract which all participating M+C organizations offering such a plan have signed.

As stated in the M+C contract, M+C organizations are to complete and submit the attached request for payment and enrollment certification form to CMS each month. (This form is also included as Attachment A to the M+C CCP contract.) In this form, the M+C organization certifies, through the signature of its chief executive officer (CEO) or chief financial officer (CFO), or an individual delegated with the authority to sign on behalf of one of these officers and who reports directly to such officer, that, based on best knowledge, information, and belief, the enrollment information submitted to CMS is accurate, complete, and truthful. The information to which M+C organizations are required to certify is limited to the following categories: new enrollments, disenrollments, institutional status, Medicaid status, working aged status, beneficiary age group, state/county code, end-stage renal disease (ESRD) status, and hospice status.

CMS provides the following information to assist M+C organizations in complying with the monthly enrollment certification requirements.

**Timing:** The enrollment certification forms require the M+C organization=s CEO/CFO to attest to two types of enrollment information: 1) the data from the above-stated categories the plan has reported to CMS in a given month and 2) the data from the above-stated categories contained in CMS' monthly membership report (available to M+C CCPs through the GHP Report Output User Communication Help System [GROUCH]). As stated in the Medicare Managed Care Enrollment and Payment Process Guide (p. 21), M+C organizations must notify CMS of any request for corrections within 45 days of the date the full GROUCH report becomes available for downloading by the M+C organization. Therefore, the certification for each month=s data will be due to CMS within 45 days of the date the full GROUCH report becomes available for that month=s data.

The following example illustrates the calculation of the due date for certification of information concerning Medicare beneficiaries who request enrollment in a given M+C CCP in March 2002. Plan data for the March requests is due to CMS by April 11, 2002. CMS will make the GROUCH reports available on April 23, 2002. M+C CCPs are permitted 45 days to review the GROUCH report and to submit the enrollment certification form to CMS. Thus, for enrollment information collected in March 2002 and submitted on April 11, 2002, and for enrollment information posted by CMS in April, M+C organizations will be required to submit their enrollment certification form on or before June 10, 2002. The June 10 certification will apply to both the information submitted by the M+C organization on April 11 and the information provided by CMS in the April 23 GROUCH report. A sample completed enrollment certification form reflecting this example is attached at the end of this memorandum.

The schedule for M+C organizations to submit enrollment certification forms for contract year 2002 are as follows. The certifications submitted on the dates indicated in Column IV will apply to the information provided on the dates indicated in Columns II and III. This schedule contains the projected due dates for 2002. Any delay in the posting of the GROUCH report will require CMS to adjust the certification form due date accordingly.

| <b>I</b><br><b>Application</b><br><b>Receipt Date</b> | <b>II</b><br><b>Enrollment Data Due to</b><br><b>CMS</b> | <b>III</b><br><b>GROUCH Availability Date</b> | <b>IV</b><br><b>Certification Form</b><br><b>Due</b><br><b>to CMS</b> |
|---|--|---|---|
|   |  |   |   |

|                |                    |                    |                   |
|----------------|--------------------|--------------------|-------------------|
| November 2001  | December 6, 2001   | December 20, 2001  | February 4, 2002  |
| December 2001  | January 16, 2002   | January 28, 2002   | March 18, 2002    |
| January 2002   | February 13, 2002  | February 25, 2002  | April 15, 2002    |
| February 2002  | March 13, 2002     | March 25, 2002     | May 13, 2002      |
| March 2002     | April 11, 2002     | April 23, 2002     | June 10, 2002     |
| April 2002     | May 15, 2002       | May 24, 2002       | July 8, 2002      |
| May 2002       | June 13, 2002      | June 25, 2002      | August 12, 2002   |
| June 2002      | July 12, 2002      | July 24, 2002      | September 9, 2002 |
| July 2002      | August 14, 2002    | August 26, 2002    | October 14, 2002  |
| August 2002    | September 12, 2002 | September 24, 2002 | November 11, 2002 |
| September 2002 | October 16, 2002   | October 28, 2002   | December 16, 2002 |
| October 2002   | November 13, 2002  | November 25, 2002  | January 13, 2003  |

**Mailing Address / Point of Contact:** Please send completed enrollment certification forms to:

Dawn Johnson  
CBC/DPAP  
C4-21-04  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Phone: (410) 786-3159

Please direct questions about the enrollment certification process to Melissa Fannin at (410) 786-0609 or at “Mfannin@cms.hhs.gov.”

**Multiple Plans:** M+C organizations offering more than one coordinated care plan are to submit one attestation form for all plans combined. The organization must indicate in the appropriate space the plan numbers (AH≡ numbers) which the organization offers and for which the organization is certifying.

**Certification of Information from CMS Reports:** Item 2 of the enrollment certification form requires the M+C organization to certify the accuracy of CMS’ monthly enrollment reports for each CCP. This information is contained in the monthly GROUCH report. To comply with the requirement of Item 2, the M+C organization must review the monthly GROUCH report and report to CMS any discrepancies it finds between the report and the M+C organization=s records. M+C organizations will follow the existing procedures for reporting this information, which require the organizations to submit the discrepancies to their respective CMS Regional Offices. M+C organizations should send to the CMS Central Office, attached to the enrollment certification form, a copy of the cover letter used to transmit the organization=s discrepancy report to the Regional Office. In completing the enrollment certification form, the M+C organization will be deemed to have certified the accuracy of the information, which it does not identify in the discrepancy report. If the M+C organization should discover after certifying a particular month=s records that certain information has come to light since the certification, then the M+C organization should notify CMS so that CMS may correct that record and adjust payments to the organization accordingly.

**CERTIFICATION OF ENROLLMENT INFORMATION  
RELATING TO CMS PAYMENT  
TO A MEDICARE+CHOICE ORGANIZATION**

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA) and \_\_\_\_\_ (*name of M+C Organization*) hereafter referred to as the M+C Organization, governing the operation of the following Medicare+Choice plans \_\_\_\_\_ (*plan identification numbers*), the M+C Organization hereby requests payment under the contract, and in doing so, makes the following certifications concerning CMS payments to the M+C Organization. The M+C Organization acknowledges that the information described below directly affects the calculation of CMS payments to the M+C Organization and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution. This certification shall not be considered a waiver of the M+C organization's right to seek payment adjustments from CMS based on information or data which does not become available until after the date the M+C organization submits this certification.

1. The M+C Organization has reported to CMS for applications received in the month of \_\_\_\_\_ (*month and year*) all new enrollments, disenrollments, and changes in enrollees= institutional status with respect to the above-stated M+C plans. Based on best knowledge, information, and belief, all information submitted to CMS in this report is accurate, complete, and truthful.

2. The M+C Organization has reviewed the CMS monthly membership report and reply listing for the month of \_\_\_\_\_ (*month and year*) for the above-stated M+C plans and has reported to CMS any discrepancies between the report and the M+C Organization's records. For those portions of the monthly membership report and the reply listing to which the M+C Organization raises no objection, the M+C Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

\_\_\_\_\_  
NAME:

TITLE:

on behalf of

\_\_\_\_\_  
(*M+C Organization*)

# ***SAMPLE***

## **CERTIFICATION OF ENROLLMENT INFORMATION RELATING TO CMS PAYMENT TO A MEDICARE+CHOICE ORGANIZATION**

Pursuant to the contract(s) between the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration (HCFA) and ABC Health Plan (*name of M+C Organization*) hereafter referred to as the AM+C Organization, governing the operation of the following Medicare +Choice plans H8888 and H9999 (*plan identification numbers*), the M+C Organization hereby requests payment under the contract, and in doing so, makes the following certifications concerning CMS payments to the M+C Organization. The M+C Organization acknowledges that the information described below directly affects the calculation of CMS payments to the M+C Organization and that misrepresentations to CMS about the accuracy of such information may result in Federal civil action and/or criminal prosecution.

1. The M+C Organization has reported to CMS for applications received in the month of March 2002 (*month and year*) all new enrollments, disenrollments, and changes in enrollees= institutional status with respect to the above-stated M+C plans. Based on best knowledge, information, and belief, all information submitted to CMS in this report is accurate, complete, and truthful.

2. The M+C Organization has reviewed the CMS monthly membership report and reply listing for the month of April 2002 (*month and year*) for the above-stated M+C plans and has reported to CMS any discrepancies between the report and the M+C Organization=s records. For those portions of the monthly membership report and the reply listing to which the M+C Organization raises no objection, the M+C Organization, through the certifying CEO/CFO, will be deemed to have attested, based on best knowledge, information, and belief, to their accuracy, completeness, and truthfulness.

/signed/

NAME: Jane Doe

TITLE: Chief Executive Officer  
on behalf of

ABC Health Plan

(*M+C Organization*)